

SERFF Tracking Number:	NALH-127122032	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	48467
Company Tracking Number:	FORM 4562 4-11		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Form 4562 4-11		
Project Name/Number:	Form 4562 4-11/Form 4562 4-11		

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Form 4562 4-11

SERFF Tr Num: NALH-127122032 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed
Closed

State Tr Num: 48467

Sub-TOI: L08.000 Life - Other

Co Tr Num: FORM 4562 4-11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Sherry M. Olson

Disposition Date: 04/14/2011

Date Submitted: 04/11/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form 4562 4-11

Status of Filing in Domicile: Authorized

Project Number: Form 4562 4-11

Date Approved in Domicile: 04/11/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/14/2011

State Status Changed: 04/14/2011

Deemer Date:

Created By: Sherry M. Olson

Submitted By: Sherry M. Olson

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

NAIC #66044 FEIN # 46-0164570

Amendment of Application/Verification of Medical Exam, Form 4562 4-11

We are filing the referenced form for your review and approval. This is a new form and not intended to replace any existing form. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than the minimum 10-point required by your state.

This form will be used with Midland's approved individual life insurance application forms and policies available in the bank- or corporate-owned life insurance market. It will be used to amend the proposed insured's application to Midland

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when Midland accepts another insurer's medical exam of the proposed insured.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223 or at solson@sfgmembers.com.

Sincerely,

Sherry Olson
Senior Contract Analyst
Corporate Markets Center
Midland National Life Insurance Company

Company and Contact

Filing Contact Information

Sherry Olson, Senior Contract Analyst solson@mnlife.com
2000 44th St. South, Suite 300 701-433-6223 [Phone]
Fargo, ND 58103 701-433-8223 [FAX]

Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$50.00	04/11/2011	46467463

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/14/2011	04/14/2011

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Disposition

Disposition Date: 04/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Amendment of Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4562 4-11	Application/ Amendment of Enrollment Application Form	Initial		53.720	Midland Form 4562 4-11.pdf

Amendment of Application

I hereby amend my application for Policy _____ as follows:

VERIFICATION OF MEDICAL EXAM

In support of my (our) application for life insurance, I (we) have supplied to Midland National Life Insurance Company a copy of an exam for:

completed by _____
on _____.

I (we) do hereby verify and reaffirm the responses made by the person proposed for life insurance of such physical examination and declare that to the best of my (our) knowledge and belief there has been no change in the applicant's health since the date of such physical examination.

This amendment shall be part of the application for the above-numbered policy.

CHANGES OR ALTERATIONS TO THIS FORM WILL NOT BE ACCEPTED.

Signed at _____
City State

Signature of Owner

Date

Signature of Insured

Date

To the best of my knowledge and belief the above statement regarding the insured's health are full, complete and true.

Signature of Agent

Date

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Rule & Regulation 19 certification attached. Rule & Regulation 49 does not apply to application forms. Flesch Certification attached. Bulletin 15-2009 replaces Bulletin 11-88 and does not apply to application forms.</p> <p>Attachments: 4562 4-11 readability.pdf 4562 4-11 AR Cert.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments: This form will be used with current and future approved application forms. Currently approved application forms include: Form 81-36 (10-09), approved 11/18/2009</p>		
<p>Satisfied - Item: Statement of Variability</p> <p>Comments:</p> <p>Attachment: 4562 4-11 Stmt of Variability.pdf</p>		

READABILITY CERTIFICATE

Name and Address of Insurer Midland National Life Insurance Company
Corporate Markets Center
2000 44th Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 4562 4-11	Amendment of Application/ Verification of Medical Exam	53.72

Carmen R. Walter

Signature

Carmen Walter
Typed Name

Assistant Vice President – Corporate Markets Product Development
Title

April 11, 2011
Date

TO: Arkansas Department of Insurance

FROM: Midland National Life Insurance Company

DATE: April 11, 2011

RE: Form 4562 4-11

Midland National Life Insurance Company certifies that the referenced form complies with Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter
Assistant Vice President – Corporate Markets Product Development
Corporate Markets
Midland National Life Insurance Company

Date: April 11, 2011

STATEMENT OF VARIABILITY -Amendment of Application Form 4562 4-11

The following is a list of bracketed items and the corresponding range of text and/or values.

<u>Bracketed Item</u>	<u>Explanation</u>
Corporate Markets Center Office location and contact information	Have been bracketed to reserve the right to change or delete addresses and contact information without re-filing this application